

# **Snapshots of AHS Departments**

Vermont Agency of Human Services  
Employee Orientation

January 2008

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**AHS Office of the Secretary**

AHS Field Services Division

AHS Operations and Planning Division

**Department for Children and Families**

Child Development  
Child Support  
Family Services  
Disability Determination  
Economic Services  
Economic Opportunity

**Department of Health**

Alcohol and Drug Abuse Programs  
Office of Local Health  
Health Promotion and Disease Prevention  
Health Surveillance  
Maternal and Child Health  
Office of Public Health Preparedness  
Medical Practice Board

**Department of Corrections**

Administration  
Facilities  
Program Services  
Restorative and Community Justice  
Placement Services  
Field Services

**Department of Disabilities, Aging and Independent Living**

Division of Licensing & Protection  
Division of Disability and Aging Services  
Division for the Blind & Visually Impaired  
Vocational Rehabilitation

**Department of Mental Health**

Child, Adolescent and Family Unit  
Division of Adult Services  
Vermont State Hospital  
VSH Futures Project

**Office of VT Health Access**

Operations  
Clinical Services

# Vermont Agency of Human Services

## VISION

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All Vermonters are healthy, safe and achieve their greatest potential in supportive communities.

## MISSION

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To improve the conditions, health, and well-being of Vermonters today and tomorrow and protect those who are unable to protect themselves.

## VALUES

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Respect

Integrity

Commitment to Excellence

## FOUR KEY PRACTICES

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- Customer Service
- Holistic Service
- Strengths-Based Relationships
- Results-Oriented

## OUTCOMES

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- Families, youth and individuals are engaged in and contribute to the community's decisions and activities
- Pregnant women and young children thrive
- Children are ready for school
- Children succeed in school
- Children live in stable, supported families
- Youth choose healthy behaviors
- Youth successfully transition to adulthood
- Adults lead healthy and productive lives
- Elders and people with disabilities live with dignity and independence in settings they prefer
- Communities provide safety and support for families and individuals

June 18, 2007

# Office of the Secretary

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## AGENCY MISSION

AHS works as one agency in partnership with communities, to provide effective services that are delivered respectfully and prior to crisis, are easy to access, well coordinated, and aimed at promoting well-being. AHS's ability to succeed depends on its employees and community partners. We strive to be an employer of choice, creating a work environment of mutual respect, encouragement and teamwork in which we hold each other accountable for improving the lives of the people we serve.

## SECRETARY'S OFFICE

### Central Support Functions

Through various operations support functions the Secretary's Office seeks to achieve consistency and operational efficiency across the agency by coordinating policies, procedures, and standards as well as delivering agency-wide administrative functions including:

- Fiscal Operations
- Information Technology
- Human Resources
- Quality Improvement
- Consumer Information and Privacy
- Institutional Review Board Review of Research Proposals involving our consumers or their service delivery

### AHS Field Services Division

There are Field Directors in each district whose role it is to maximize the effectiveness of human services in each region by focusing on coordinating services across the agency and with community partners to create better results in more efficient and effective ways. Field Directors are responsible for cross-cutting Agency initiatives designed to create better outcomes for Vermont's most vulnerable populations. The work of Field Services extends into the community through efforts such as:

- The Agency of Human Services/Department of Education Interagency Agreement: Field Directors occupy a pivotal role in providing oversight and support to the children's system of care through the expanded 2005 Interagency Agreement between the AHS and the Department of Education, ensuring that youth with disabilities receive integrated services and have a smooth transition to adult life.
- Service Coordination: Service Coordinators, located in all 12 AHS districts, ensure that individuals or families with complex needs have a holistic, effective and well coordinated service delivery package that eliminates service duplications and identifies a lead case manager.

"Working with my service coordinator, we were able to bring together a service team for a very complex case that had many agencies involved and were at cross-purposes. The service coordinator is not only knowledgeable of resources and system, she is very skilled at helping to clarify issues, one at a time, in a non-threatening and respectful manner. Due to clear communication and patient problem-solving, we left on a very positive note with a clear plan for the family that all members of the team could subscribe to."

- **Peer Navigators:** The Peer Navigators were developed through a statewide collaboration with family organizations and a Federal Grant to offer individuals and family members with disabilities the support of someone who has experienced the system as a consumer. Located in every AHS district, Peer Navigators assist individuals and families to access and navigate the health, education and human service systems. At any given time during FY2006, Peer Navigators were serving an average of 200 Vermont families.
- **Military, Family and Community Network:** Field Services has partnered with the Vermont Military and the National Guard to create a network of support for returning vets and their families to ensure a successful return and transition back to family, community and employment.

## HIGHLIGHTING A FEW PROJECTS, PROGRAMS OR INITIATIVES

### Priority Agency-Wide Initiatives

#### Youth In Transition

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The Agency of Human Services Youth in Transition Leadership Team is designing a comprehensive one agency approach to integrate all AHS efforts to meet the needs of youth in transition that are currently served by the Agency. To focus our work we believe the following eight areas are critical factors in young people successfully transitioning to adulthood:

- **Employment, Training and Post-Secondary Education:** Youth are competitively employed, enrolled in college or other post-secondary options, or have received a college degree.
- **Health Care:** Youth have health insurance and access to care.
- **High School Completion:** Youth earn a high school diploma or complete a training program.
- **Safe and Stable Housing:** Youth have safe, stable & adequate housing.
- **Free from Incarceration:** Youth have adequate preparation and the necessary supports to be productively engaged in the community.
- **Caring Relationships:** Youth are meaningfully engaged in supportive and permanent relationships.
- **Future Planning:** Youth are engaged in planning for their future.
- **Skilled Workforce:** Youth are engaged by adults that have the knowledge, skills and abilities to support positive youth development.

Our attention to these areas of focus was the result of the collective work of several national resources including: the National Governors Association Center for Best Practices, the National Child Welfare Resource Center on Youth Development and the Jim Casey Youth Opportunities Initiative.

## **Incarcerated Women Initiative**

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The number of women in the prison system has climbed steadily in the past decade. Field Services and the Department of Corrections are working together closely with the community support system to relieve this upward pressure and reduce the number of women in Corrections and those facing imminent incarceration, and to minimize the overall impact on their children, families and communities. Each Field Director has established a local team and strategies to decrease the number of women entering the criminal justice system, reduce female incarceration rates, and ensure that appropriate community supports are in place to prevent recidivism. Several efforts are now in place or emerging that should have an impact on those trends including: the involvement of three districts in developing case management and treatment options utilizing DETER ([Drug Education, Treatment, Enforcement & Rehabilitation](#)) funds; development of transitional and temporary housing options; and implementation of community based treatment and reentry teams to support women entering the community.

## **Children, Youth, and Families Integrated Services**

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Children, youth and family services are provided across almost every AHS department, yet rarely is there an integrated services plan that reflects the 4 key practices in AHS. This initiative is designed to promote holistic, results-oriented planning and service delivery for children and youth with significant disabilities, while at the same time utilizing the Agency's financial and human resources in the most effective and efficient way possible. Given the complexities of children, youth and family issues both in AHS and in education, this multi-year process commenced in FY 2008.

## **Workforce Development:**

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The State of Vermont has made a commitment to improve the workforce development system to ensure the State's continued economic vitality. Vermont will experience a declining labor force due to the aging of the population and the choices many young adults will make to leave the State. The customers of the Agency of Human Services are a relatively untapped and underdeveloped labor pool and could represent a significant part of the solution to the State's future labor force needs.

Employment is a major goal for consumers served by all AHS divisions and departments. Employment is mandated for people receiving federal Temporary Assistance for Needy Families (TANF) benefits; it is a critical part of offender re-entry; it is a major part of recovery for people with mental illness; it is the most desired outcome by individuals with developmental disabilities; it is an important outcome for youth leaving state custody; and it is the mission of Voc Rehab to assist people with disabilities to work.

Assisting AHS consumers to achieve and sustain employment may be the single most important service we can offer them and the state's economy. Meaningful work at a good wage provides individuals and families with a foundation to develop personal responsibility, effective relationships and self respect that results in greater community participation and increased economic security.

The Department of Disabilities, Aging and Independent Living is leading the AHS Employment Task Force to bring together all the AHS workforce development programs with a Department of Labor (DOL) representative to:

- maximize the coordination of vocational services across departments;
- minimize redundancies; and
- increase employment outcomes for those served by the Agency.

One primary goal of the group is to better meet the needs of the business community through a systemic approach to coordinated job development and placement and the reduction or elimination of multiple contacts with employers in the community. Four AHS districts have been selected to create Job Developer Coalitions: St. Johnsbury, Addison County, Rutland and Central Vermont.

The overall goal is to build a system so that employers view AHS as a workforce resource that provides qualified job applicants to meet their workforce needs. To succeed we must engage employers and the education and training providers as partners with AHS staff understanding and meeting the needs of the business community.

AHS is actively coordinating with other groups focused on workforce development. Patrick Flood, AHS Deputy Secretary, Steve Dale, DCF Commissioner, Rob Hoffman, DOC Commissioner and Diane Dalmasse, VR Director serve on the Governor's Interagency Workforce Development Committee under the leadership of Pat Moulton Powden, DOL Commissioner and Mike Quinn, Economic Development Commissioner. In addition, Secretary LaWare serves as a member of the Governor's Workforce Development Council. These two groups recently began working together to improve Vermont's education and training system.

## HousingNow Initiative

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The Agency of Human Services **HousingNow** Initiative is designed to reduce homelessness in our State by developing a comprehensive and coordinated agency-wide delivery of human services in partnership with community housing providers and managers and our community Human Service Agencies. The delivery of supportive housing and prevention of homelessness is led by the Field Service Directors within each district to ensure all parties are working effectively toward the reduction of homelessness and coordination of services for client success.

### Easy Access to Services through the Screen Door and 211 Programs



**Screen Door** The Screen Door is a web-based tool to help Vermonters find out more about the AHS services that might be available to meet their specific needs.

<http://screendoor.vermont.gov/>



**Vermont-211** For community, regional, state, and faith based human services information, including AHS services, contact Vermont 2-1-1 by dialing 211 from anywhere in Vermont, or visit their website.

For more information go to: <http://humanservices.vermont.gov/services>

## Promote Best Practices

The Agency Secretary's Office supports best practices in human service program delivery by identifying the areas of greatest need and/or most effective leverage for improving people's lives and delivering effective and efficient programs.

### ▪ Health Care Reform

Vermont is at the national forefront in developing innovative approaches to making affordable health insurance available to its citizens and managing the cost of health care through a focus on prevention and chronic disease management.

Numerous agency programs are connected to these efforts, primary among them are:

***Green Mountain Care***, managed by the Office of Vermont Health Access, (OVHA) is a family of low-cost and free health care coverage programs including Catamount Health, Dr. Dynasaur, Vermont Health Access Plan, and Medicaid.

***Blueprint for Health***, managed by the Vermont Department of Health, is designed to help people who have chronic conditions, and those who may be at risk for developing them, through prevention and planning efforts.

***Choices for Care, Long Term Care Waiver***, managed by the Vermont Department of Disabilities, Aging and Independent Living is designed to assist older Vermonter's and people with physical disabilities to get long term care services they need where they choose – either at home, in enhanced residential care or in a nursing home.

***Global Commitment to Health Waiver***, A health care reform strategy that established OVHA (Office of Vermont Health Access) as the first in the country statewide public Managed Care Organization (MCO). This demonstration project waves certain federal Medicaid requirements and has allowed Vermont to maintain eligibility groups and sustain total services delivered in the Medicaid program at a time where other states were drastically reducing both.

### ▪ Trauma Informed Services

In recognition of the prevalence of trauma victims that access AHS services and to ensure services for persons who have survived a traumatic event are sensitive and responsive to their special needs, the agency created the Trauma Coordinator position. The Trauma Coordinator works to assure that key decision-makers, planning staff, program administrators and service providers are cognizant of the origins of trauma, the effects of trauma on survivors, and the possibility that re-traumatization may occur during the provision of services, or while trying to access services or benefits.

### ▪ Housing and Transportation

The unit is responsible for developing a comprehensive view of housing and transportation needs across the agency, developing and beginning to implement a statewide plan to end homelessness, and exploring methods to increase transportation alternatives for individuals with disabilities.

- **Refugee Resettlement**

The State, through the State Refugee Coordinator, coordinates private and public resources for refugee resettlement and delivery of services to refugees.

The State Refugee Coordinator implements the State Plan for Refugee Resettlement, oversees federal grants for refugee services, including refugee medical assistance, refugee social services and refugee children school impact grants.

# Department of Corrections (DOC)

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## MISSION

The Department of Corrections protects Vermonters by operating safe, humane, and secure facilities and by preparing offenders to become productive and law-abiding community citizens. We support and partner with communities to enhance safety and quality of life by ensuring offenders take responsibility for their crimes and make amends to crime victims and society.

## DIVISIONS

### Facilities

operates 9 correctional facilities in the State of Vermont, which include:

[Caledonia Community Work Camp - St. Johnsbury](#)  
[Chittenden Regional Correctional Facility - South Burlington](#)  
[Dale Women's Facility - Waterbury](#)  
[Marble Valley Regional Correctional Facility - Rutland](#)  
[Northeast Regional Correctional Facility - St. Johnsbury](#)  
[Northern State Correctional Facility - Newport](#)  
[Northwest State Correctional Facility - Swanton](#)  
[Southeast State Correctional Facility - Windsor](#)  
[Southern State Correctional Facility - Springfield](#)

### Program Services

oversees treatment and educational services for offenders to include substance abuse, domestic violence, work, post-secondary education, sex offender and violent offender treatment, and female & family services.

### Restorative & Community Justice Division

mission engages community partners in the correctional process. Much of their work focuses on effective re-entry strategies and programs for offenders. They also oversee the Victim Services Unit and Quality Assurance Unit in the Department.

### Offender Placement Services

oversees all inmate placements transferred to out of state prisons due to prison crowding within the State of Vermont. DOC uses facilities under contract with Corrections Corporation of America to house approximately 500 to 600 offenders

## **Field Services (Probation & Parole)**

The Vermont Department of Corrections has 13 community-based facilities, also called probation and parole offices or field offices, at locations throughout the state.

[Barre Probation and Parole](#)

[Bennington Probation and Parole](#)

[Brattleboro Probation and Parole](#)

[Burlington Probation and Parole](#)

[Chelsea Probation and Parole \(sub-office in Hartford District\)](#)

[Hartford Probation and Parole](#)

[Middlebury Probation and Parole](#)

[Morrisville Probation and Parole](#)

[Newport Probation and Parole](#)

[Rutland Probation and Parole](#)

[St. Albans Probation and Parole](#)

[St. Johnsbury Probation and Parole](#)

[Springfield Probation and Parole](#)

This division, through its officers, supervise offenders according to severity of their risk to re-offender and administers the Vermont Reparative Probation Program as well as the Interstate Compact Agreement among states for the supervision of probationers and parolees who live and work in a state different than that where the initial criminal conviction occurred.

## **HIGHLIGHTING A FEW PROJECTS, PROGRAMS OR INITIATIVES**

### **Community High School of Vermont**



The mission of the Community High School of Vermont is to provide an accredited, coordinated and personalized education that assists individuals under the custody of DOC in their academic, social and vocational successes.

### **Reparative Probation Program**

In 1998, the Department earned the prestigious “Innovations in American Government” Award, a program of the Ford Foundation and John F. Kennedy School of Government at Harvard University for its Reparative Probation Program that involves citizens representing the community that engage in Restorative Justice Practices with selected offenders.

### **Vermont Treatment Program for Sexual Abusers**

The Department operates The Vermont Treatment Program for Sexual Abusers, a nationally acclaimed program that teaches offenders how to accept, understand, modify and maintain permanent changes in behavior relating to illegal sexual behavior.

### **Incarcerated Women**

In collaboration with the Agency of Human Services and contractors, the Department has focused attention on women offenders whose incarceration rates have dramatically increased over recent years, in more effective transition planning to the community

## INTERESTING FACTS

- ❑ Community High School of Vermont has among the highest enrollment of any secondary education institution in the state of Vermont, granting 148 diplomas in fiscal year 2007.
- ❑ The department admitted more than 7000 unique persons to its institutions and 20,000 in probation and parole during fiscal year 2007.
- ❑ Offenders provided over 416,000 hours of community service work during fiscal year 2007.
- ❑ Probation and Parole worked 19,000 different people in FY07.



## MISSION

The Department for Children and Families, as part of an integrated Agency of Human Services, fosters the healthy development, safety, well-being, and self-sufficiency of Vermonters.

We are passionate about prevention and will:

- Reduce poverty and homelessness;
- Improve the safety and well-being of children and families;
- Create permanent connections for children and youth; and
- Provide timely and accurate financial supports for children, individuals, and families.

## DIVISIONS

### Family Services Division (FSD)

to protect children and strengthen families, in partnership with families and communities.

On any one day, staff of the Family Services Division are responsible for working with some 3000 of Vermont's most vulnerable children and families. About 1400 are children in our custody. For those children, we have decided that the benefit of state's custody outweighs the trauma of separating them from their families. These are difficult choices, not to be made lightly. Our work and our decisions must be guided by a set of values that all share.

### DCF Family Services

#### Child Abuse and Neglect Intake

Community members may contact our district offices during the work day to report suspected child abuse or neglect. Our Emergency Services Program accepts reports after hours.

#### Child Abuse and Neglect Investigation and Assessment

Specialized social work staff conduct these investigations, with a primary focus on the immediate safety of children.

#### Ongoing Services to At-Risk Families

Based on a validated risk assessment, a decision is made whether to provide ongoing services to a family.

#### Children in Custody

A police officer may take a child into DCF custody for one of the following reasons:

- Child abuse or neglect
- Truancy
- Child is beyond parental control
- Child is delinquent

## DCF Family Services

### Permanency Planning Services

for all children in DCF custody, the focus is on ensuring that a child has a permanent home in which to grow up. Preferably, that home is with the child's own parents. If that is not possible, adoption is the second choice.

### Youth Justice Services

DCF social workers supervise youth on juvenile probation, using the principles of balanced and restorative justice. Youth who are delinquent may be in DCF custody depending on their treatment needs and/or community safety concerns.

### Special Needs Adoptions

Children in DCF custody who have special needs may be eligible for a monthly financial subsidy to make adoption possible. In addition, a network of post-adoption services is available to help families weather the predictable stresses.

## **Economic Services Division (ESD)**

administers a variety of state and federally funded programs that meet the basic needs of Vermonters who are unable to support themselves and their children as a result of unemployment, underemployment, family breakup, single parenthood, age, temporary or permanent disability or death of a family member, or another catastrophic event. These programs promote the well-being of individuals and families by providing welfare-to-work services, health care coverage, and cash and supplemental assistance.

AVAILABLE PROGRAMS INCLUDE	
Reach Up	Food Stamps
Fuel Assistance/LIHEAP	General Assistance/Emergency Assistance
SSI/AABD & Essential Person Program	Telephone Lifeline
Green Mountain Care Programs	

## **Fuel Assistance or Low Income Home Energy Assistance Program (LIHEAP)**

LIHEAP is a federally funded program to help low-income families pay their home energy bills. In Vermont we refer to this program as the Fuel Assistance program. Applications are accepted from July 15 through the last day of February.

## Green Mountain Care Programs

Catamount Health provides comprehensive, quality health coverage at a reasonable cost no matter how much you earn. You may also get help paying your premiums based on your income. Catamount Health is designed for Vermonters age 18 or older and families who are not eligible for existing state-sponsored coverage programs such as Medicaid, Medicare or Vermont Health Access Plan (VHAP) and who have been uninsured for 12 months or more or have recently lost their insurance because of a life change such as a divorce or loss of a job.

Dr. Dynasaur provides low-cost or free health coverage for children, teenagers under age 18 and pregnant women. Eligibility is based on family income.

Medicaid provides low-cost or free coverage for low-income children, young adults under age 21, parents, pregnant women, caretaker relatives, people who are blind or disabled, and those age 65 or older. Eligibility based on income and resources.

Vermont Health Access Plan (VHAP) is a health insurance program for low income uninsured adults age 18 and older who have been uninsured for 12 months or more or have recently lost their insurance because of a life change such as a divorce or loss of a job.

Employer Sponsored Insurance (ESI) Premium Assistant program. Uninsured Vermonters can also get help paying their employer's health insurance premiums if they meet certain criteria.

Prescription Assistance: VHAP-Pharmacy, VScript, VScript Expanded, Healthy Vermonters

These programs serve more than 75,000 low- to moderate-income families – about 150,000 people at any given time during the year. More than one in five Vermonters receives one or more benefits or services from these programs.

Economic security and the ability of individuals and families to provide for their basic need for food, clothing, shelter, and health care are necessary foundations for a healthy, productive life. Children and adults cannot thrive and reach their potential unless their basic needs are met. In addition to providing a safety net for individuals and families with little or no income, ESD programs offer work support and wrap-around services to people who are transitioning into the work force.

ESD also provides case management to Reach Up families, with an array of welfare-to-work services and programs, such as basic education, vocational education, vocational rehabilitation, postsecondary education, and job readiness activities. The Reach Up program invests in the community human services infrastructure by funding services to Reach Up families through organizations such as Parent Child Centers, homelessness prevention organizations, Vermont Adult Learning, and the Community Action Programs.

### **Child Development Division**

focuses on improving the well-being of Vermont's children by ensuring access to high quality, affordable child development services. The Division supports community based services to children from pre-birth to sixteen and their families. The continuum of services includes family support, primary prevention including child care, early intervention and therapeutic services.

## **Child Care Tuition Assistance Program**

The Child Care Tuition Assistance Program provides financial assistance to assist low income families who are working or going to school with the cost of child care for their children. In order to receive assistance the family must have a need for child care and meet income guidelines. Assistance is provided on a sliding fee scale. The program is managed through 12 community agencies located in each of the AHS regions. The Program serves about 5600 families and 8400 children at any given time.

## **Child Care Licensing**

The Child Development Division is responsible under state statute for regulating child care facilities in Vermont. All programs serving children from more than 2 families are subject to regulation, regardless of where the services are located. Currently, there are 1114 regulated family child care programs and 609 licensed child care centers in Vermont. The Child Care Licensing Unit within CDD regulates, monitors and provides technical assistance to this system of providers who serve approximately 38,000 children ages 6 weeks to 13. Criminal record and child and elder abuse screens are required for all individuals working in child care programs.

## **Children's Integrated Services Initiative**

CDD's Children's Integrated Services (CIS) combines three prevention, early intervention and treatment programs into one child development and family support service system. These services support positive outcomes for pregnant and post partum women, children through age 6 and their families.

The desired results for the CIS initiative are:

- A) Services are holistic, family centered, culturally competent, strengths based and results oriented.
- B) Families are supported and engaged through quality relationships.
- C) Evidence-based best practices and statewide standards as applied to professional practice.
- D) Services are voluntary and offered using a continuum of need from prevention to intervention and treatment.

## **STARS (The Vermont Step Ahead Recognition System)**

is the Vermont Quality Recognition and Rating System for all types of regulated care in Vermont (Licensed Centers, Family Child Care Home Providers, Preschools and Licensed Afterschool Programs. Designed to encourage program improvement and reward quality over 200 programs of all types are participating. ([www.starssteпаhead.org](http://www.starssteпаhead.org))

## **The Northern Lights Career Development System**

([www.northernlights.org](http://www.northernlights.org))

Vermont's coordinated system of professional development from entry level to advanced degrees for people who care for and educate children. It also includes an instructor registry and course calendar. It is linked with the Child Development Division Building Bright Futures Information system in that when a child care provider attends training in the calendar it is recorded in the individual professional's Credential Case account. ([www.brightfuturesinfo.org](http://www.brightfuturesinfo.org))

## **Parent Child Centers**

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Vermont's 16 Parent Child Centers form a network of community-based non-profit organizations serving all of Vermont. Centers share a common philosophy and a core set of services, including home visiting and on-site early childhood development and parent support and education. Centers help families to get off to a healthy start, build on family strengths, and prevent problems (e.g., illiteracy, poor health, welfare dependence, family violence, or sexual, physical and emotional abuse).

## **Building Bright Futures Initiative**

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Building Bright Futures is a public/private partnership designed to:

Create a comprehensive system of programs, services, and supports for all children under age 6;

Coordinate public and private efforts to achieve common objectives and measurable results for Vermont's youngest children; and

Leverage public and private dollars to improve the quality of services for families with young children.

A structure that consists of a State Council and 12 corresponding regional councils in each of the 12 AHS districts has been established through Executive Order.

## **Vermont Office of Child Support**

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to improve children's economic security by obtaining child support obligations and payments.

The Office of Child Support (OCS) manages the Vermont child support program under Title IV-D of the Social Security Act by establishing parentage, medical and child support orders, enforcing child support orders when necessary, and locating missing non- custodial parents. By collecting and disbursing child support payments, the program now improves the financial condition of many children while avoiding and offsetting major expenditures by Vermont taxpayers for aid to needy families, social services, and health care.

Child support can be a complicated process, often requiring multiple steps and case actions before the children actually feel the benefit of a paid support obligation. Examples of case actions include filing court actions, appearing in court, and processing employer wage withholding notices and payments.

## **The Office of Economic Opportunity**

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seeks to eliminate poverty through support for community based organizations engaged in anti-poverty efforts including Community Action Programs and homeless shelters. The office is also responsible for the Weatherization Program which helps low income Vermonters reduce their energy costs by improving the energy efficiency of their homes. Additionally OEO administers programs that help low income Vermonters build assets such as the Micro Business Development Program, the Individual Development Accounts (IDA) savings program and the Job Start loan program for low income entrepreneurs.

## **Disability Determination Services (DDS)**

determines medical eligibility for:

- Social Security Disability Insurance (SSDI),
- Supplemental Security Income (SSI), and
- Medicaid for the disabled.

## **HIGHLIGHTING A FEW PROJECTS, PROGRAMS OR INITIATIVES**

### **Family Services Transformation Plan**

**Family Services** is committed to carrying out a **Transformation Plan** over the next 3-5 years. This plan involves major systems change and includes the following components:

- ❖ Increase safety of children by enhancing front end services
- ❖ Centralize intake and report acceptance
- ❖ Use front-end services to improve family capacity to keep members safe
- ❖ Implement due process requirements
- ❖ Improve stability, permanency and wellbeing of children and families
- ❖ Create capacity for social workers to have engaged relationships with children and families
- ❖ Ensure high quality supervision
- ❖ Promote use of teaming models
- ❖ Provide appropriate technology supports
- ❖ Support and reinforce desired practice

### **Office of Child Support Interactive Website**

Over the last few years the Office of Child support has enhanced its website to improve the quality of customer service to parents and employers. Parents can access the OCS website [www.ocs.state.vt.us](http://www.ocs.state.vt.us) to obtain information on their cases such as the status of child support payments as well as health insurance enrollment. OCS has updated the employer website enabling employers to more easily interact with the office by sending and receiving communications electronically regarding withholding child support payments for their employees. Currently over 500 employers have registered online.

### **Medical Support Collaboration with Federal Grant**

In September 2005 OCS was awarded a grant by the federal office of Child Support Enforcement creating a unified approach to securing health care for children. The project builds upon the collaborative work between OCS, Economic Services Division and the Office of Vermont Health Access. Objectives include developing best practices for health care and child support and standardizing interagency interfaces for data exchange.

## **INTERESTING FACTS**

- ❑ At any point in time, about 1,450 children are in DCF custody.
- ❑ Over 50% of children return to live with a parent or relative. About 28% of children are exit to adoption.
- ❑ About 330 children are on juvenile probation.

- ❑ 1,370 children receive a subsidy; 350 children receive post-adoption services.
- ❑ In State Fiscal Year (SFY) 2006 the Office of Child Support:
  - Collected \$55.2 million dollars in support payments
  - Handled over 22,400 cases.
  - Averaged 637 cases per child support specialist.
  - Processed 426,237 payment transactions.
- ❑ In Federal Fiscal Year (FFY) 2005 the Office of Child Support:
  - Collected on 75% of its cases compared to the national average of 53%.
  - Established paternity for 99% of the children in its caseload compared to the national average of 88%
  - Established child support orders in 88% of its cases compared to the national average of 76%.
- ❑ If each of Vermont's Parent Child Centers helps prevent one mother and child from requiring public assistance, Vermont saves \$512,000 per year. *(2006 Report of the VPCCN, p.6)*
- ❑ Today, more than 70% of Vermont mothers with children under the age of 6 are in the out of home workforce.
- ❑ It is estimated that nearly 30,000 children in Vermont under age 6 are in out of home care at least 20 hours a week.
- ❑ Children in full time child care programs (40-50 hours a week for 50 weeks) spend 2000-2500 hours in care a year. This compares to 1137 hours that school age children spend in school a year. (6.5 hours X 175 days.)
- ❑ In 2006, three thousand women were involved in Vermont's criminal justice system at any given time. Of these women, 70% had children school age or younger with 22% of their children aged birth to four.

## CONNECTIONS WITH THE REST OF THE AGENCY

**Family Services** relies on many divisions to assist us in improving outcomes for children and families.

Child Development Division to provide quality child development services meant to build parents' capacity to provide safe and stable environments for their children.

Office of Child Support to establish and enforces child support when a child enters DCF custody.

Economic Services to provide financial assistant to families before and after custody and to caregivers who have established guardianship through the court process.

Department of Corrections to partner with us in case planning when we are working with an incarcerated parent.

***Economic Services*** is working with:

the Department of Corrections and Department of Mental Health to provide economic benefits for offenders and patients the day that they reintegrate into their communities.

the Office of Child Support to pass along child support payments to Reach Up families

the division of Child Development to help Reach Up families obtain child care

the Parent Child Centers to provide case management and services to Reach Up families

OEO, AHS Field Services, other AHS partners and housing providers on homelessness and housing retention

OVHA on improving access to Health Care eligibility

providers, the Hunger Task Force and Community Action agencies to increase participation in the Food Stamp program

the CAP agencies to provide Crisis Fuel

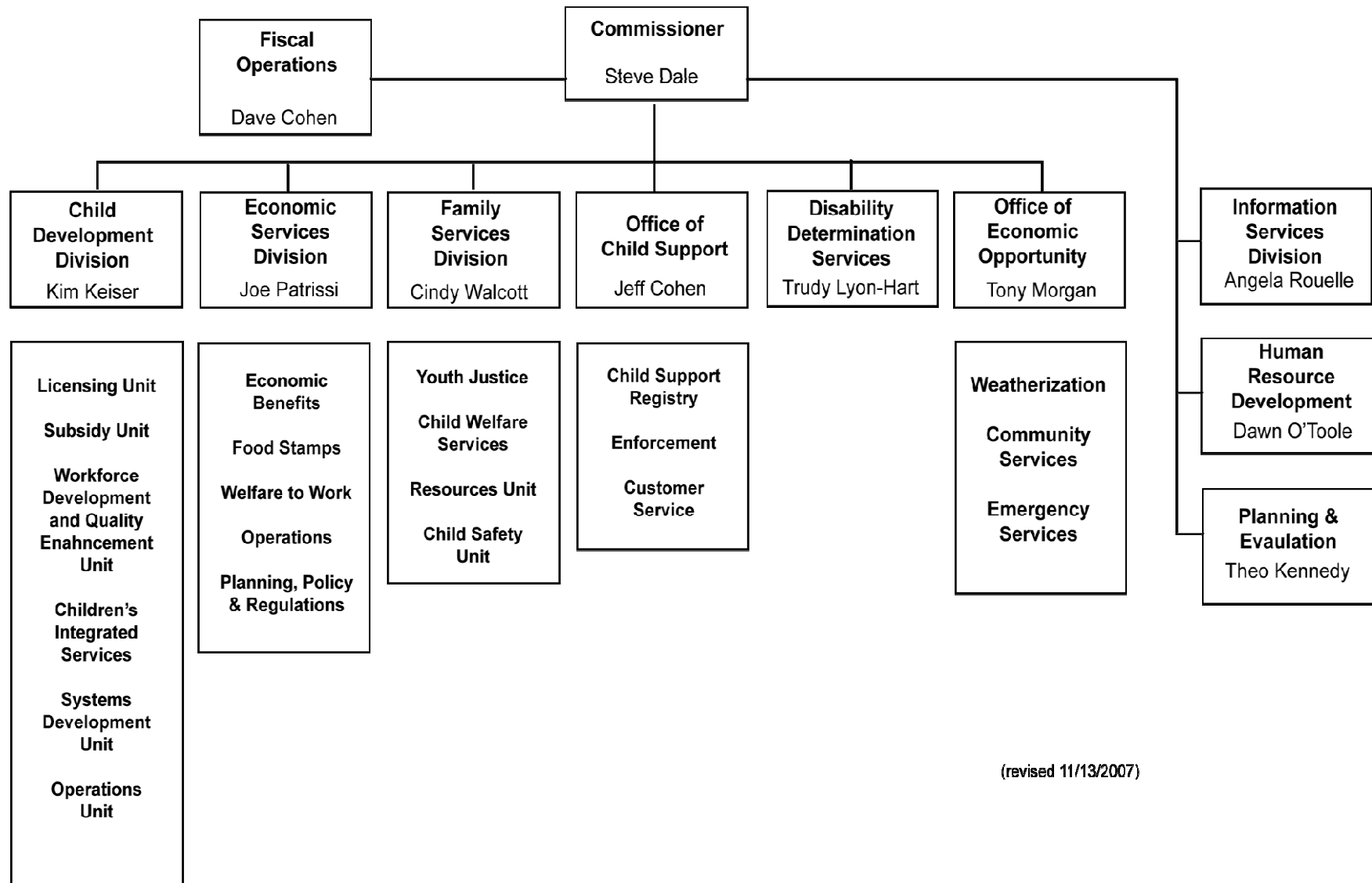
DAIL on long term care and DAIL's Vocational Rehabilitation Division on case management and services for Reach Up families

### ***The Office of Child Support***

Joined with Economic Services Division and the Office of Vermont Health Access in 2005 to implement a comprehensive program to establish and enforce medical support — offering more private health care for children. Crucial to the initiative's success was the addition of staff to these divisions in 2006.

Is working with the Economic Services Division on in its new welfare restructuring program "Moving Families out Of Poverty" in an effort to enhance the delivery of services between child support and public assistance programs.

# Department for Children and Families



(revised 11/13/2007)

# ***Department of Disabilities, Aging, and Independent Living***

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## **MISSION**

The mission of the Department of Disabilities, Aging and Independent Living is to make Vermont the best state in which to grow old or to live with a disability ~ with dignity, respect and independence.

## **DIVISIONS**

### **Deaf and Hard of Hearing Services**

serves individuals with hearing loss to ensure they have equal access to the services of all departments, divisions and programs within the Agency of Human Services (AHS).

### **Division for the Blind and Visually Impaired**

serves individuals who are blind or visually impaired. Assistance provided ranges from vocational services to a variety of Independent Living support. Specific services include career counseling, job development, and assistive technology assessment and training.

### **Division of Disability and Aging Services**

is responsible for all community-based long-term care services for older Vermonters, individuals with developmental disabilities, traumatic brain injuries and physical disabilities.

### **Division of Licensing and Protection**

is responsible for a wide variety of activities, including inspection and licensing of long term care facilities (nursing homes, residential care homes, and specialty homes for individuals with mental retardation). The Division also investigates complaints about abuse, neglect, or exploitation of elderly or disabled individuals.

### **Division of Vocational Rehabilitation or "VocRehab Vermont"**

serves two customers: employers and people with disabilities seeking employment. We know that employment is essential to well-being. Yet among people with disabilities the rate of unemployment is much too high. VocRehab Vermont is charged with leading employment programs for AHS in collaboration with our non-AHS partner Department of Labor.

## **HIGHLIGHTING A FEW PROJECTS, PROGRAMS OR INITIATIVES**

### **Choices for Care**

A long-term care program to pay for care and supports for older Vermonters and people with physical disabilities. Choices for Care provide the individual with equal access to their choice of home-based and enhanced residential care supports as well as nursing home care.

### **Developmental Disability Services**

Provides services and supports to individuals and their families to increase independence and help people be part of local communities. Supports are often life long.

### **Traumatic Brain Injury**

Services divert and/or return Vermonters with brain injuries from hospitals and facilities to a community setting through rehabilitation-based, choice-driven supports intended to help achieve optimum independence and return to work.

### **Older American's Act Services**

Provides funding for a range of programs that offer services and opportunities for older Vermonters to remain as independent as possible and to be active and contributing members of their community.

### **Employment Resources**

VocRehab Vermont operates as an employment resource to assist employers in finding qualified employees. VocRehab staff meet regularly with other employment placement specialist in each district to insure that businesses are not approached multiple times by the many organizations that provide employment services. These employment networks are able to create applicant pools to better meet employer needs. The Vermont Association of Business Industry and Rehabilitation (almost always called by its acronym: VABIR) is VocRehab Vermont's non-profit arm. Most of VABIR's employees are involved in the job placement.

### **Benefits Counselors**

The reason many people who would like to work don't is that they are afraid of losing important benefits such as public health insurance, housing subsidies or Social Security cash benefits. In almost all cases people are better off financially if they work, but getting accurate information about how earned income affects public benefits is hard to find. VocRehab has a staff of highly trained benefit counselors, one in each of its 12 offices. Their purpose is to help people through the benefit maze so that they can go to work and enjoy both the financial and social benefits of working.

### **Deaf and Hard of Hearing Services**

VocRehab has four counselors who specialize in providing services for the Deaf and Hard of Hearing. We encourage AHS employees to become familiar with basic American Sign Language (ASL) and to utilize the Vermont Interpreter Referral Service ([www.virs.org](http://www.virs.org)) when you need to communicate to a person whose primary language is ASL.

### **Rural and Agricultural VocRehab**

We have a specialized VocRehab program for farmers and rural Vermonters through UVM's extension service call Rural and Agricultural VocRehab. We have found that rural Vermonters have been traditionally reluctant to go to a government human services organization but have a long relationship to the Extension Service. The physical nature of the work and the inherent danger of the machinery mean that many farmers need VocRehab assistance.

## Employee Assistance Program

Preventing loss of employment for people with disabilities is an important aspect of the VocRehab Vermont mission. It is often easier to keep a job than it is to replace one after it is lost. Invest EAP is an employee assistance program that provides brief counseling and referral services to Vermont employers, including the State of Vermont. Early intervention around substance abuse and mental illness can make a tremendous difference.

## LEAP – Learn, Earn, and Prosper Program

is a unique collaboration including the Vermont Youth Conservation Corps, ReCycle North, Linking Learning to Life and the Division for the Blind and Visually Impaired. It provides youth with vision impairments an opportunity for summer employment, community service, independent living skills training and ongoing support in a residential setting.

## INTERESTING FACTS

- ☐ The Division of Disability and Aging Services provides services and supports to people of all ages, from birth to death.
- ☐ One in 150 children in America today are diagnosed with an Autism Spectrum Disorder.
- ☐ Over 3,000 Vermonters visit Emergency Rooms each year due to traumatic brain injuries and over 400 are hospitalized. Approximately 150 Vermonters die each year from a traumatic brain injury.
- ☐ Every 72 seconds someone in America develops Alzheimer's.
- ☐ Any permanent impairment that is a barrier to employment could be considered as qualifying for VocRehab services. Some of the most commonly overlooked disabilities are addictions to alcohol or drugs, learning disabilities and low to moderate cognitive ability.
- ☐ There are specialized VocRehab counselors, called transition counselors, who are affiliated with every **Vermont high school** to insure that all youth with disabilities have access to services.

## CONNECTIONS WITH THE REST OF THE AGENCY

- The Division of Disability and Aging Services works with **virtually every department in AHS as well as Education, Transportation and Labor** because we provide supports and services to low income Vermonters who have a variety of different needs (e.g., housing, healthcare, employment, transportation, public safety)
- VocRehab has a contract with the **Economic Services Division** to work with people in the Reach-up Program who have disabilities. The VocRehab counselor serves a dual role as a Reach-up case manager.



- VocRehab counselors visit **Department of Corrections** facilities to discuss services to inmates preparing for their release. We provide SSI application assistance to inmates in all correctional facilities.
- DAIL works with **DCF and OVHA** is to implement the 115 waiver program *Choices for Care* which seeks to provide care options to older Vermonters and people with physical disabilities. The program assists people with everyday activities at home, in an enhanced residential care setting, or in a nursing facility.
- DAIL and the **Department of Mental Health** work together through the Elder Care Commission to find ways to address the mental health needs of Vermont's senior citizens.

# Office of Vermont Health Access

## MISSION

The Office of Vermont Health Access (OVHA) is the State of Vermont office responsible for the administration and management of Vermont's publicly funded health insurance programs: Medicaid, Vermont Health Access Program (VHAP), Catamount Health, Dr. Dynasaur, and pharmacy-only programs. The OVHA's mission is to:

- Assist beneficiaries in accessing clinically appropriate health services
- Administer Vermont's public health insurance system efficiently and effectively
- Collaborate with other health care system entities in bringing evidence based practices to Vermont medical beneficiaries

## UNITS AND CONTRACTORS

The OVHA's organizational structure consists of Senior Management (i.e., Director, two Deputy Directors, Medical Director).

OVHA's Operational Units	
Clinical	Health Program Integration
Communications	Information Technology
Coordination of Benefits	Pharmacy
Fiscal	Policy
Program Integrity	

The OVHA contracts with Electronic Data Systems (EDS) for processing health care claims; MedMetrics Health Partners for pharmacy benefit management, Maximus for member services; APS Healthcare for operation of the Chronic Care Management Program; and GMMB for outreach for GreenMountainCare.

## HIGHLIGHTING A FEW PROJECTS, PROGRAMS OR INITIATIVES

### The Dental Dozen: Oral Health Initiative

The Oral Health Initiative consists of 12 initiatives to improve oral health for all Vermonters, establish the framework to remedy existing delivery system issues and proactively confront future challenges. The initiatives are: 1) ensure oral health exams for school-age children, 2) increase reimbursement rates to dentists, 3) reimburse primary care physicians for oral Health Risk Assessments, 4) Dental Hygienists in each of the 12 District Health Offices, 5) selection/assignment of a Dental Home for Children, 6) enhance outreach, 7) codes for missed appointments/late cancellations, 8) automation of the Medicaid Cap information for adult benefits, 9) Loan Repayment, 10) scholarships, 11) access grants, and 12) supplement payments.

### Clinical Initiatives

#### Care Coordination Program (CCP)

locally-based OVHA staffed Care Coordination teams (nurse case manager/clinical social worker); identifies and assists the most complex Medicaid beneficiaries in accessing clinically appropriate health care services; coordinates efficient delivery of health care by attempting to remove barriers, bridge gaps, and avoid duplication of services; educate, encourage and empower these beneficiaries to eventually self-manage their chronic conditions.

#### Chronic Care Management Program (CCM)

APS Healthcare engaged as contractor to administer CCP-like program for more moderate needs beneficiaries.

#### Buprenorphine Program

increases access to effective treatment for opiate dependency by supporting primary care practices through the development of 1) state-wide, integrated protocol for the treatment of opiate dependency; 2) a capitated payment methodology to provide incentives to clinicians for treating this population; 3) an evaluation plan with benchmarks to assess program outcomes; 4) a state-wide electronic registry and treatment service assessment of patients with opiate dependency.



Green Mountain Care is a family of low-cost and free health coverage programs offered by the state of Vermont and its partners. Green Mountain Care programs include: Catamount Health, Dr. Dynasaur, Vermont Health Access Plan (VHAP), and Medicaid. Catamount is a new program created through health care reform legislation and designed to be comprehensive and affordable to attract many of Vermont's 60,000 uninsured residents to purchase it.

### Program Integrity

The OVHA's program integrity activities include managing the technical program integrity support systems including the Fraud and Abuse Detection Systems (FADS) and Claim Check/Claim Review, performing utilization review, preliminary review of suspected fraud and abuse; analysis of inappropriate billing and processing, and the extraction and compilation of data to support OVHA operations; oversight of federal program integrity projects such as the Payment Error Rate Measurement (PERM) program; and identifying and recovering inappropriate provider payments and through establishing safeguards to assure appropriate provider billing practices.

## Modernization of Vermont's Enterprise (Information Technology)

The Agency of Human Services (AHS), with OVHA taking the lead, has begun a project called MOVE, which stands for Modernization of the Vermont Enterprise. Vermont Medicaid is changing its Information Technology (IT) world over the next several years. What this really means is that over the next six to seven years we will be modernizing the eligibility determination and enrollment system for Vermont's healthcare programs and procuring a new claims processing system. Other systems may be considered as well. Before we begin building or buying systems, however, we will carry out a planning process called the Medicaid Information Technology Architecture (MITA) State Self-Assessment to analyze our current health care business processes, to envision how we would like those business processes to look in the future, to evaluate and document the gaps between the two, and to develop a roadmap for achieving the vision. The Executive Steering Committee is comprised of the Deputy Secretary of AHS, the AHS Chief Information Officer (CIO), the Director of OVHA, and the Commissioners of DCF and DAIL. The Project Team has technical and business representation from those same entities, and input will be gathered from all AHS departments, the Department for Information and Innovation (DII), and others as needed.

### INTERESTING FACTS

- The OVHA is the largest insurer in Vermont in dollars spent and the second largest insurer in Vermont in terms of covered lives.
- 50% of uninsured Vermonters are eligible for existing health care programs.
- Pays some or all of the health care costs for 25% of Vermont's population
- 9,911 enrolled providers – hospitals, physicians, etc.

### CONNECTIONS WITH THE REST OF THE AGENCY

The **Vermont Department of Health (VDH)** sets the state's public health priorities and OVHA works with VDH to help realize public health goals within the population served by OVHA. That translates to close collaboration on initiatives like the "Dental Dozen", most clinical initiatives, and working to reduce medical costs in the state through the agency's Global Commitment to Health program waiver.



OVHA works closely with the **Department for Children and Families (DCF)**, particularly the Economic Services Division (ESD) eligibility specialists on developing and interpreting policy and eligibility issues. The Vermont Health Access Team (VHAT) is an ongoing group including policy and information technology staff from DCF and OVHA who collaborate to build comprehensive, consumer friendly health insurance systems to support low income Vermonters.

OVHA works with DAIL and DCF to implement the 115 waiver program *Choices for Care* which seeks to provide care options to older Vermonters and people with physical disabilities. The program assists people with everyday activities at home, in an enhanced residential care setting, or in a nursing facility.



## MISSION

We will lead our state and communities in development of systematic approaches to health promotion, safety and disease prevention.

We will continuously assess, vigorously pursue, and document measurable improvements to the health and safety of Vermont's population.

We will succeed through excellence in individual achievement, organizational competence, and teamwork within and outside of the Department of Health.

## DIVISIONS

### Alcohol and Drug Abuse Programs

Our mission is to help Vermonters prevent and eliminate the problems caused by alcohol and other drug use. In partnership with other public and private organizations, the Alcohol and Drug Abuse Division (ADAP) plans, supports and evaluates a comprehensive system that provides:

- Prevention: Vermont Strategic Prevention Framework (SPF) State Incentive Grant (SIG), New Directions, prevention consultant system, information clearinghouse, START grants, Project Rocking Horse
- Targeted Services: drug courts, corrections, women's services, adolescent services, student assistance
- Treatment: Project CRASH, children & family services, pharmacological treatment services
- recovery centers

### Health Promotion & Disease Prevention

The division provides public health education programs directed at adoption of healthy behaviors, nutrition and lifestyles for the prevention of disease and injury. These initiatives include oral health, tobacco control, nutrition, physical activity, injury prevention and refugee health. The division also promotes breast and cervical cancer screening programs and chronic disease prevention initiatives aimed at diabetes, arthritis, cancer and asthma.

### Health Surveillance

The Division of Health Surveillance investigates and monitors reportable diseases, identifies disease causing agents, and offers counseling, testing and follow-up services to prevent the spread of disease. The division also develops approaches for prevention, intervention and early detection and treatment of cancer and other leading causes of death. It conducts epidemiological studies including monitoring, surveillance and control of chronic diseases and disabling conditions, collects and analyzes data to determine the health status, morbidity and mortality of Vermont's population.

Health Surveillance programs include:

- **Public Health Statistics:** vital statistics, research statistics, mental health statistics, cancer registry, immunization registry, behavioral surveys
- **Infectious Disease** – field epidemiology, immunization, tuberculosis, rabies, HIV/AIDS, STD's and Hepatitis C
- **Environmental Health:** asbestos, lead, toxicology, radon, drinking water, food and lodging
- **Public Health Laboratory:** testing and diagnosis
- **Medical Examiner's Office:** investigate deaths when a person dies

## Office of Public Health Preparedness

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The office works with Vermont public health officials and government agencies, communities, hospitals, health care providers and first responders to be prepared to respond to an array of public health emergencies including pandemic influenza, extreme weather events, and release of biological, chemical or radiological agents.

## Office of Local Health

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The twelve district offices around the state provide the essential health promotion and disease prevention services necessary for an effective public health system. Some of the services and programs administered through the Office of Local Health include:

- WIC - The Supplemental Nutrition Program for Women, Infants, and Children
- EPSDT - The Early Periodic Screening, Diagnosis and Treatment Program for Dr. Dynasaur-eligible children
- Healthy Care Vermont
- Ladies First – Breast and Cervical cancer screening for uninsured and underinsured eligible women
- The Potassium Iodide Distribution Program
- Refugee Health Program along with multidisciplinary, tertiary and specialty medical clinics for children with certain chronic illnesses and/or disabilities
- Fluoridation services to community water systems and fluoride mouth rinse services to elementary schools.
- Immunization services
- HIV education and screening
- Public health preparedness

## Board of Medical Practice

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The Board's mission is to evaluate the fitness of professionals to practice in Vermont, and to take prompt action where needed to protect the public's health and safety. We also provide guidance and resources prevention, identification, assessment and management to health care providers on chronic illness and disease in children, adolescents, and adults.

## HIGHLIGHTING A FEW PROJECTS, PROGRAMS OR INITIATIVES

### Blueprint for Health

The Blueprint provides the information, tools and support that Vermonters with chronic conditions need to manage their own health – and that doctors need to keep their patients healthy. The Blueprint is working to change health care to a system focused on preventing illness and complications, rather than reacting to health emergencies.

### D.E.T.E.R.

(an acronym for Drug Education, Treatment, Enforcement, & Rehabilitation) is a comprehensive plan initiated by Governor Jim Douglas. The plan is funding nearly \$3 million of new programs and services, coordinating existing resources into a single statewide initiative, and focuses on providing a sustainable strategy to address today's substance abuse problems and reduce tomorrow's risk.

The Department of Health's role in D.E.T.E.R.:

- [Building Drug Treatment Capacity in Vermont](#)
- [Opiate Addiction—A Medically Treatable Chronic Condition](#)
- [Preventing Substance Abuse](#)
- [Facts about the new Bradford Inpatient Treatment Facility](#)
- [Facts about Alcohol and Drug Abuse Prevention in the Northeast](#)

**WIC (Special Supplemental Food Program for Women, Infants & Children)** To support optimal growth and development, WIC provides individualized health and nutrition assessment, nutrition counseling, breastfeeding support, referrals to health and social services and healthy foods such as low-fat milk, peanut butter, eggs and cheese to over 23,000 Vermonters each year.

### Fit and Healthy Vermonters

The Fit & Healthy Vermonters initiative focuses on obesity prevention, with ways to increase physical activity and improve healthy eating for Vermonters of all ages. This initiative is aligned with, and builds upon the [Blueprint for Health](#), Vermont's initiative to address the burden of chronic diseases in our state.

### E Ready Preparedness

The Vermont Department of Health is working to strengthen the ability of **public health officials and government agencies, communities, hospitals, health care providers and first responders** to efficiently and effectively respond to public health emergencies including pandemic influenza, extreme weather events, and release of biological, chemical, or radiological agents.

## INTERESTING FACTS

- ❑ Vermont was ranked the healthiest state in 2007.
- ❑ According to America's Health Rankings: A Call to Action for People & Their Communities 2007:
  - In the past year, the percentage of children in poverty increased from 7.4 percent to 8.9 percent of persons under age 18.
  - In the past year, the rate of uninsured population decreased from 11.5 percent to 10.2 percent.
  - Since 1990, the prevalence of smoking decreased from 30.7 percent to 18.0 percent of the population.
  - Since 1990, the incidence of infectious disease decreased from 20.3 to 6.4 cases per 100,000 population.
  - Health Disparities: In Vermont, blacks experience premature death at about the same rate as whites; however, blacks experience 197 percent more premature death than other races.

## CONNECTIONS WITH THE REST OF THE AGENCY

Through its maintenance of vital records and other data, the Vermont Department of Health is a source of information that is used throughout state government in analysis and planning.



The District Health offices implement the Healthy Babies, Kids and Families program and the Healthy Childcare Vermont program managed by the Department of Children and Families.

# Department of Mental Health

## VISION, MISSION AND VALUES

### Vision

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Mental health will be a cornerstone of health in Vermont. People will live in caring communities with compassion for and a determination to respond effectively and respectfully to, the mental-health needs of all citizens. Vermonters will have access to effective prevention, early intervention, and mental-health treatment and supports as needed to live, work, learn, and participate fully in their communities.

### Mission

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It is the mission of the Vermont Department of Mental Health to promote and improve the mental health of Vermonters.

### Values

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We support and believe in the Agency of Human Services values of respect, integrity, and commitment to excellence and express these as:

#### **Excellence in Customer Service**

- People receiving mental health services and their families should be informed and involved in planning at the individual and the system levels
- Services must be accessible, of high quality and reflect state-of-the-art practices.
- A continuum of community-based services is the foundation of our system.

#### **Holistic approach to our clients**

- We can promote resilience and recovery through effective prevention, treatment, and support services.

#### **Strength Based Relationships**

- It is important to foster the strengths of individuals, families, and communities.

#### **Results Orientation**

- Strong leadership, active partnerships and innovation are vital strategies to achieve our mission.
- We are accountable for results.

## FUNCTIONS

Through various interagency agreements within AHS and with the Department of Education, DMH contracts with ten Designated Agencies (DA) and one Specialty Services Agency (SSA) covering all areas of the state providing mental health services for children, families, adult Vermonters.

The array of services include:

- psychiatry,
- medication management,
- diagnosis and evaluation,
- case management,
- individual, family, and group therapy,
- community support services, response
- employment support,
- emergency screening and crisis, and
- therapeutic residential services.

In addition DMH operates the Vermont State Hospital and oversees the designation of 5 independent psychiatric inpatient units in the state that provide involuntary and/or forensic inpatient services for adults and involuntary inpatient services for children. DMH also oversees the designation of 4 independent hospitals that provide electroconvulsive treatment (ECT) services.

The Department also works in collaboration with advocacy and consumer organizations to ensure that educational, support, and peer-directed services occur statewide.

## UNITS

The Department of Mental Health operates the Vermont State Hospital and two units focused on community mental health: the Adult Mental Health Unit and the Child, Adolescent, and Family Unit.

### Adult Mental Health

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The Adult Mental Health Unit oversees three distinct programs operated by Designated Agencies:

**Community Rehabilitation and Treatment (CRT)** Programs for adults with severe and persistent mental illness

CRT programs provide community-based mental health services to enable adults to live with severe and persistent mental illness to live with maximum independence in their communities among family, friends, and neighbors. Over the past five years, the Designated Agencies (DA's) have served approximately **3200** CRT clients per year. CRT clients are adults who meet eligibility criteria that includes mental health diagnosis, service utilization and hospitalization history, severity of disability, and functional impairments. Vermont is nationally recognized for using evidence-based practices to serve people with severe and persistent mental illnesses. Evidence-based practices include supported employment, integrated treatment for co-occurring mental illness and substance abuse, specialized treatment for people who exhibit self-harm behaviors and are high users of services, illness self-management and recovery, and family- and peer-taught psycho-education for families and providers.

**Adult Outpatient Programs** for adults in emotional or behavioral distress severe enough to disrupt their lives

Designated Agencies Adult Outpatient (AO) programs provides services that vary from agency to agency. Services may include evaluation, individual, family and/or group counseling, and medication prescription and monitoring. Problems with access to treatment are common in some AO programs,

and intake coordinators at each site work with individuals to triage resources to the most urgent needs. According to needs assessments and research on prevalence estimates of mental illness, the funding for adult outpatient programs in Vermont is insufficient to meet the needs of the population. As a result, many Vermonters in need seek treatment from private mental health counselors.

People in AO programs have a wide range of problems, including depression and a history of psychological trauma. Many clients have attempted suicide within the past year, or are afraid that they will do so and alcohol and drug abuse is common. In Vermont Fiscal Year 2006, Adult Outpatient programs served approximately 7,300 adults.

### **Emergency Services for any Vermonter** in a mental health crisis.

Designated Agencies Emergency Services Programs provide mental health emergency services twenty-four hours a day, seven days a week to individuals, organizations, and communities. Essential emergency services include telephone support, face-to-face assessment, referral, and consultation. By definition, emergency services respond quickly to avoid poor outcomes so that average response time is within 5 minutes by phone and within 30 minutes when face-to-face assessment is needed. The primary purpose of these crisis programs is to assess the immediate mental health situation and arrange for care as necessary. Emergency Services Programs provide assistance to people who are in need of crisis services for emergent issues such as depression, suicidal thoughts, dangerous behaviors, family violence and symptoms of serious mental illness. Emergency Services Programs also serve communities, schools, or other organizations trying to cope with events such as suicide, natural disaster and other traumatic events. In Vermont Fiscal Year 2006, DA Emergency programs served 5,900 individuals who were experiencing a mental health crisis.

## **The Child, Adolescent and Family Unit (CAFU)**

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The Child, Adolescent and Family Unit oversees mental health services for children with severe emotional disturbance (SED) and is charged with serving this population by Vermont's Act 264. CAFU works with a variety of state and community partners to ensure the following core capacity services are available throughout Vermont:

### **1) Prevention, Early Screening & Intervention, & Community Consultation**

Prevention activities are available for any child, family, and community to promote healthy social and emotional development, to promote resilience through increasing protective factors around each child, and to reduce exposure to risk factors. Early screening and intervention activities are available for youth and their families who are at risk of developing mental health issues. Community consultation activities not focused on any specific child or family are available for non-mental health professionals (e.g., child care providers, police, educators), community groups, organizations, and the general public.

### **2) Children's Mental Health Supports**

Children's Mental Health Supports are available to increase access to mental health services by families in need and to increase/maintain children's and family's ability to remain together through the provision of community-based supports such as peer social support, information dissemination, advocacy, skills training, and respite. Examples of these supports include *respite*, which provides planned breaks for families caring children with SED, and the *Vermont Federation of Families*, which is an advocacy and peer support organization run for and by families.

### 3) Treatment

CAFU contracts with the DA's and SSA to ensure access to quality core treatment services to all Vermont children and families in need. Treatment services available regionally include:

- clinical assessment;
- service planning and coordination;
- individual, group, and family therapies;
- medication; and
- intensive in-home and out-of-home community services.

### 4) Children's Mental Health Immediate Response, Acute Care, and Intensive Residential Placement

These services are provided to assure the safety of children and adolescents experiencing a mental health crisis. These services:

- Provide information and referral;
- Provide crisis assessment, outreach, and stabilization;
- Provide access to time-limited, appropriate residential treatment; and
- Monitor the child's prompt return to the family and community;

Examples of these services include: 1) *Intensive Home and Community-based Services*, which provide intensive skill building for the child and family to enable the child and family to access a sustainable long term treatment plan, 2) *Residential Treatment*, which is used when a child requires a brief out-of-home placement as part of his/her primary community-based treatment plan, and 3) *Hospital Diversion*, which is used when a child or youth requires an intensive short term out of home placement in order to address an acute episode of psychiatric distress.

## The Vermont State Hospital

Located in Waterbury, the Vermont State Hospital is operated directly by DMH for Vermonters whose mental health needs cannot be met in local communities and general hospitals. It is the state's most intensive and restrictive mental health program. Over 200 people, most of whom stay less than thirty days, are admitted to VSH each year. VSH currently has the capacity to serve 54 individuals at any one time.

## HIGHLIGHTING A FEW PROJECTS, PROGRAMS OR INITIATIVES

### Vermont Integrated Services Initiative (VISI)

Too often people with co-occurring mental health and substance disorders do not get the help they need, leading to homelessness, incarceration, hospitalization and personal suffering. The Vermont Integrated Services Initiative (VISI) is a collaborative program between DMH and the Department of Health to address the ways in which people with co-occurring disorders can receive timely, consistent, and effective treatment. Our vision is to build a client-centered, recovery oriented system of care at every level to serve people and families with complex needs, particularly those with co-occurring mental health, substance abuse and or/medical conditions.

### Vermont Mental Health Futures Project

The Mental Health Futures Project envisions the transformation of the mental health service system towards a consumer-directed, trauma-informed and recovery-oriented system of care. The Futures Project will develop successor facilities for the 54-bed inpatient Vermont State Hospital (VSH) and will include a new array of inpatient, rehabilitation and residential services for adults. An essential element of system transformation will be the development of a coordinated system of care that will improve access to services and integrate mental with other health services delivered in general

hospitals. New investments in community capacities, including crisis stabilization services, housing supports, secure residential program, peer-to-peer services and step-down programs will reduce reliance on acute inpatient care. The transformation process will build upon Vermont's history of establishing strong community support systems and reducing our reliance on institutional care. The fundamental goal is to support and provide treatment for Vermonters with mental illnesses in the least restrictive and most integrated settings they require. Fully implemented, the Futures Project will transform the delivery system and provide greater support for Vermonters on their individual paths to recovery.

### **Supported Employment**

The supported employment program helps CRT clients obtain and maintain competitive employment. Evidence-based supported employment services are integrated within the overall mental health treatment in CRT and focus on consumer strengths. In addition to providing employment skills training to clients, supported employment specialists are well known to their community partners such as Vocational Rehabilitation, the Department of Labor and Industry, Chambers of Commerce and local employers. Any CRT client who expresses the desire to work can receive services. For the past five years, CRT clients with competitive employment in Vermont collectively earned more than \$24.5 million in taxable wages.

### **JOBS**

The JOBS Program provides an innovative combination of supported employment and intensive case management services that uses work as a means to reach youth who have avoided traditional mental health services and who are at risk for or who have dropped out of high school. JOBS is a voluntary program where youth, once engaged, are assisted in transitioning from school, prison, or the streets and supported in accessing services to help them reach their individual goals and greater independence.

### **Eldercare Clinician Program**

Since 2000, Vermont's Elder Care Clinician (ECC) Program has provided mental health services to approximately 500 Vermonters age 60+ per year, most of whom would not be able to seek help from a typical outpatient setting. The program was originally designed to provide outreach services of assessment and treatment to older people, and to be a collaborative initiative between the Department of Mental Health (DMH), the Department of Disabilities, Aging and Independent Living (DAIL) and Vermont's 5 Area Agencies on Aging (AAA's). The AAA's contract with 8 Designated Mental Health Agencies to offer these services throughout the state.

### **Children's' Mental Health Respite**

Each community mental health centers has a respite grant to provide planned breaks for families caring for children and youth with serious emotional disturbance. Families often report this is the services they most value because it gives everyone an opportunity to take a break so that they may continue to live together and work on improving their family life.

### **The Federation of Families for Children's Mental Health**

This advocacy organization funded by DMH is run by families for families. They provide peer support for families who have a child that is accessing mental health services. They participate in many state and local meetings, providing the family perspective.

## Success Beyond Six

Success Beyond Six is a school-based mental health service program that is widely recognized as improving students' access to care and improving educational achievement for students with special needs. This program was started due to the local schools needs and the desire to help students with an emotional disturbance succeed in school. Most of Vermont's sixty Supervisory Unions have Success Beyond Six contracts with their region's community mental health center.

## Intensive Home and Community Based Services

Intensive Home and Community based services provide intensive skill building for the child and family to enable the child and family to access a sustainable long term treatment plan. This program provides care for a child or youth who would otherwise require institutionalization. It is designed to support a child or youth in his/her own home or community.

## **INTERESTING FACTS**

- ❑ Mental disorders are common in the United States and internationally. An estimated 26.2 percent of Americans ages 18 and older — about one in four adults — suffer from a diagnosable mental disorder in a given year.
- ❑ Even though mental disorders are widespread in the population, the main burden of illness is concentrated in a much smaller proportion — about 6 percent, or 1 in 17 — who suffer from a serious mental illness.
- ❑ It is estimated that during any given year as many as one in five (20%) children and adolescents (28,875 Vermont youth) will have a diagnosable mental-health or addictive disorder that has a negative effect on their well-being and/or ability to function in daily life. Approximately 11% (15,125 Vermont youth) experience a significant functional impairment due to their disorder, and 5% (6,875 Vermont youth) experience extreme functional impairment.
- ❑ In FY2004, Vermont's public mental health system served 10,217 youth, a significant increase from the 4,006 youth served in FY1990.
- ❑ Many people suffer from more than one mental disorder at a given time. Nearly half (45 percent) of those with any mental disorder meet criteria for 2 or more disorders, with severity strongly related to co-morbidity
- ❑ Mental disorders are the leading cause of disability in the U.S. and Canada for ages 15-44
- ❑ Suicide worldwide causes more deaths every year than homicide or war. More than 90% of people who kill themselves have a diagnosable mental disorder.
- ❑ In the 1950's VSH had an average daily census of more than 1,200 patients. Today the average daily census is 41.5.
- ❑ Of 14 states studied, VT had highest MH service utilization and lowest incarceration rate for MH service recipients
- ❑ For Children, VT has lowest rate of psychiatric inpatient utilization rate in nation
- ❑ VT has the lowest rate of psychiatric inpatient utilization rate for children in the nation.
- ❑ VT ranks first in the percentage of total MH expenditures derived from Medicaid; 88% vs. the national average of 35%.
- ❑ VT ranks first in the country in the percentage of MH expenditures allocated to non-residential care (66.5%)
- ❑ VT ranked 3<sup>rd</sup> among 11 states in employment outcomes for adults with severe and persistent mental illness

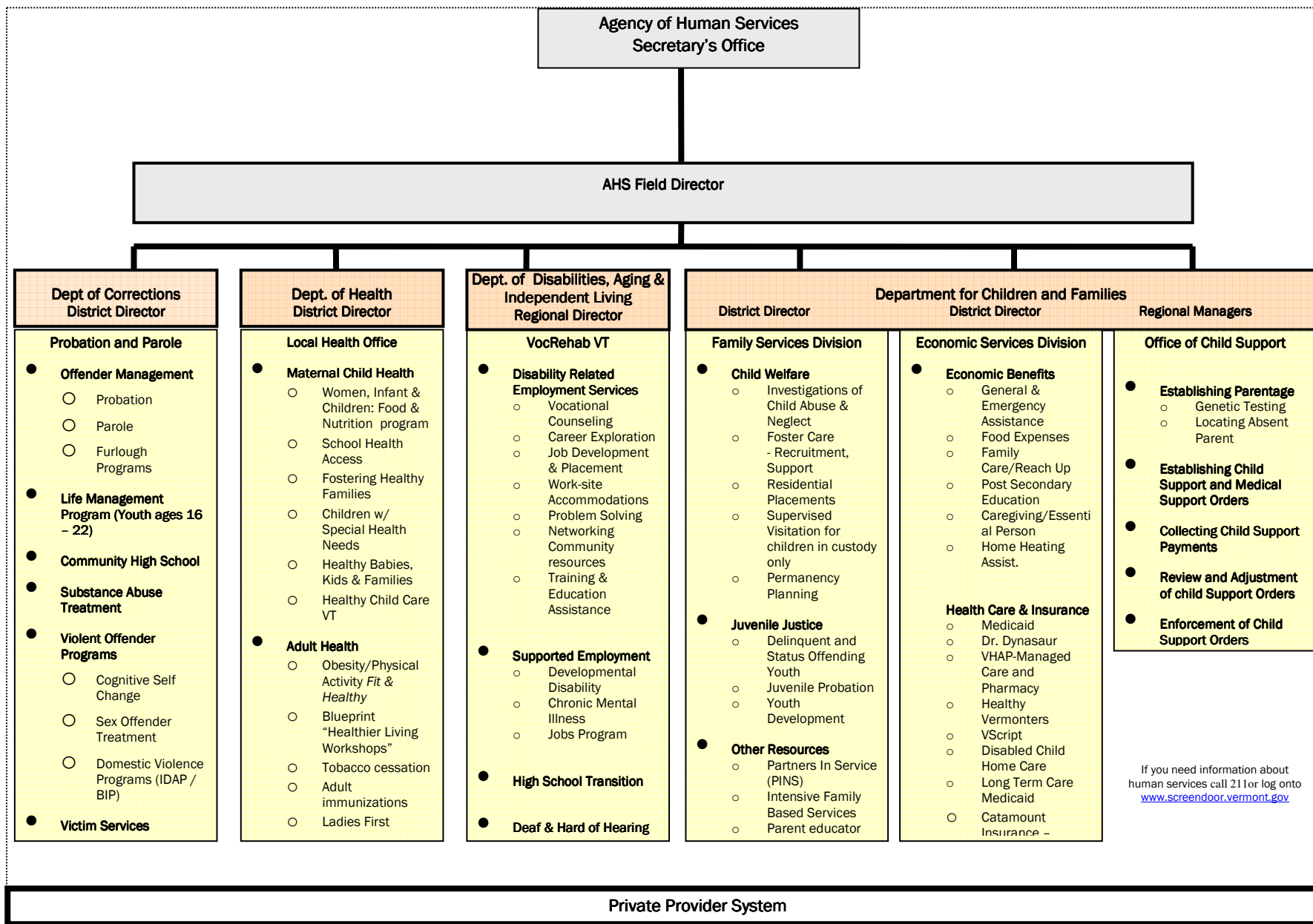
## **COLLABORATION WITH OTHER DEPARTMENTS**

DMH/CAFU plays a lead role on the Interagency Implementation Team that is responsible for the roll out and oversight of the Interagency Agreement between DOE/AHS based on Act 264.

DMH collaborates with DAIL in the implementation of the Eldercare Program and the provision of Supported Employment services.

DMH partners with ADAP through the Vermont Integrated Services Initiative.

DMH partners with DOC, DAIL, and DCF to support the JOBS program.



## AHS District Structure